PAGE 1 / 40

Image# 201603189009793281

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

| FURIN 3X F | or Other Than An Authorized Committe | e Office Use Only |
|--|--|--|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ Example: If typing over the lines. | g, type 12FE4M5 |
| Americas Health Insura | ance Plans PAC (AHIP PAC) | |
| | | |
| ADDRESS (number and street) Check if different than previously reported. (ACC) | 601 Pennsylvania Avenue, NW South Building, Suite 500 Washington | DC 20004 - |
| 2. FEC IDENTIFICATION NU | IMBER ▼ CITY ▲ | STATE ▲ ZIP CODE ▲ |
| C C00106740 | 3. IS THIS NI REPORT (N | EW AMENDED (A) |
| 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Parameter) Report (Parameter) Amount of the point of the | Report Due On: Mar 20 (M3) Ju Apr 20 (M4) Ju 1) (c) 12-Day PRE-Election Report for the: Convention (1 3) Election on Convention (1 | 2C) Special (12S) In the State of |
| 5. Covering Period 11 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | 11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| I certify that I have examined th Type or Print Name of Treasure | is Report and to the best of my knowledge and be Marilyn B. Tavenner | elief it is true, correct and complete. |
| | yn B. Tavenner [Electronically | Filed] Date 03 18 2016 |
| | eous, or incomplete information may subject the personal limits and the personal limits are the personal limits and the personal limits are the personal limits and the personal limits are the person | on signing this Report to the penalties of 2 U.S.C. §437g. |
| Office Use | | FEC FORM 3X Rev. 12/2004 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 11 01 2015 To: 11 30 2015

| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | |
|-----|--|-------------------------|-----------------------------------|--|--|--|--|
| 6. | (a) Cash on Hand January 1, 2015 | | 47941.84 | | | | |
| | (b) Cash on Hand at Beginning of Reporting Period | 65176.58 | | | | | |
| | (c) Total Receipts (from Line 19) | 11435.73 | 217164.37 | | | | |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 76612.31 | 265106.21 | | | | |
| 7. | Total Disbursements (from Line 31) | 15524.00 | 204017.90 | | | | |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 61088.31 | 61088.31 | | | | |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | |

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|---|
| Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | | |
| (i) Itemized (use Schedule A) | 5628.46 | 132678.96 |
| (ii) Unitouring d | 60.02 | 8714.16 |
| (ii) Unitemized(iii) TOTAL (add | 7 0002 | 0714.10 |
| Lines 11(a)(i) and (ii)▶ | 5688.48 | 141393.12 |
| 2.1100 11(0)(1) 0.110 (1) | | |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 5000.00 | 75000.00 |
| (such as PACs) | 5000.00 | 75000.00 |
| (d) Total Contributions (add Lines | | |
| 11(a)(iii), (b), and (c)) (Carry | 10688.48 | 216393.12 |
| Totals to Line 33, page 5) | 10088.48 | 210000.12 |
| Transfers From Affiliated/Other | 0.00 | 0.00 |
| Party Committees | 0.00 | 3 |
| All Loans Received | 0.00 | 0.00 |
| | 7 | |
| Loan Repayments Received | 0.00 | 0.00 |
| Offsets To Operating Expenditures | | 7 |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 723.25 | 723.25 |
| Refunds of Contributions Made | | , |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 0.00 |
| Other Federal Receipts | | |
| (Dividends, Interest, etc.) | 24.00 | 48.00 |
| Transfers from Non-Federal and Levin Funds (a) Non-Federal Account | | |
| (from Schedule H3) | 0.00 | 0.00 |
| (IIOIII Odricadio Fio) | 5.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (b) Leviii Fulius (IIOIII Schedule 115) | | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ | 11435.73 | 217164.37 |
| | | |
| Total Federal Receipts | 44405.70 | 047/04/07 |
| (subtract Line 18(c) from Line 19)▶ | 11435.73 | 217164.37 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| | II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | | |
|---|---|-------------------------------|-----------------------------------|--|--|--|--|
| 21. Operating Expenditures: (a) Allocated Federal/Non-Federal | | | Calcinal Tout to Date | | | | |
| () | Activity (from Schedule H4) | 0.00 | 0.00 | | | | |
| | (i) Federal Share | 0.00 | 0.00 | | | | |
| | (ii) Non-Federal Share | 0.00 | 0.00 | | | | |
| (b) | Other Federal Operating | | | | | | |
| | Expenditures | 24.00 | 1017.90 | | | | |
| (c) | Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶ | 24.00 | 1017.90 | | | | |
| 2. Trai | nsfers to Affiliated/Other Party | | | | | | |
| Cor | nmittees | 0.00 | 0.00 | | | | |
| Fed | ntributions to leral Candidates/Committees I Other Political Committees | 15500.00 | 198000.00 | | | | |
| 4. Inde | ependent Expenditures | | | | | | |
| Coc | e Schedule E) ordinated Party Expenditures | 0.00 | 0.00 | | | | |
| (2 l | J.S.C. §441a(d)) e Schedule F) | 0.00 | 0.00 | | | | |
| (| , | | | | | | |
| 6. Loa | n Repayments Made | 0.00 | 0.00 | | | | |
| 7. Loa | ns Made | 0.00 | 0.00 | | | | |
| 8. Ref | unds of Contributions To: Individuals/Persons Other | | | | | | |
| (α) | Than Political Committees | 0.00 | 0.00 | | | | |
| (b) | Political Party Committees | 0.00 | 0.00 | | | | |
| (c) | Other Political Committees | | | | | | |
| | (such as PACs) | 0.00 | 5000.00 | | | | |
| (d) | Total Contribution Refunds | | | | | | |
| (-, | (add Lines 28(a), (b), and (c))▶ | 0.00 | 5000.00 | | | | |
| 0 011 | B'd | | 0.00 | | | | |
| 9. Oth | er Disbursements | 0.00 | 0.00 | | | | |
| 0. Fed | deral Election Activity (2 U.S.C. §431(20)) | | | | | | |
| (a) | Allocated Federal Election Activity | | | | | | |
| | (from Schedule H6) | 0.00 | 0.00 | | | | |
| | (i) Federal Share | 0.00 | 0.00 | | | | |
| | (ii) "Levin" Share | 0.00 | 0.00 | | | | |
| (b) | Federal Election Activity Paid Entirely | 222 | 2.00 | | | | |
| (c) | With Federal Funds Total Federal Election Activity (add | 0.00 | 0.00 | | | | |
| (0) | Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶ | 0.00 | 0.00 | | | | |
| | al Bishoons and to the transfer of the second | | | | | | |
| | al Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 45504.00 | 204047.00 | | | | |
| ۷۵, | 27, 20, 20, 21, 20(u), 23 dilu 30(c)) | 15524.00 | 204017.90 | | | | |
| | al Federal Disbursements | | | | | | |
| | otract Line 21(a)(ii) and Line 30(a)(ii) | | | | | | |
| fron | n Line 31) | 15524.00 | 204017.90 | | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 10688.48 | 216393.12 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 5000.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10688.48 | 211393.12 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 24.00 | 1017.90 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 723.25 | 723.25 |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | -699.25 | 294.65 |

FOR LINE NUMBER: PAGE 6 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Brad Alexander Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015120493746-2 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 federal political committee. Memo Item Name of Employer Occupation Media Relations Coordinator America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 229.24 Other (specify) Full Name (Last, First, Middle Initial) B. Brad Alexander Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 30 2015 City State Zip Code Transaction ID: 201512049382-2 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Media Relations Coordinator Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 229,24 Full Name (Last, First, Middle Initial) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 13 2015 City State Zip Code Transaction ID: 2015120493746-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2875.00 Other (specify) 145.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

| | F | OR | LINE | NU | MBER | : | PAGE | 7 | OF | 40 |
|--|----|----|---------|----|------|---|------|----|-----|----|
| Use separate schedule(s) | (c | he | ck only | or | ne) | | | | | |
| for each category of the Detailed Summary Page | | × | 11a | | 11b | | 11c | 12 | | |
| | | | 13 | | 14 | | 15 | 16 | . [| 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 City Zip Code State Transaction ID: 201512049382-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2875.00 Other (specify) Full Name (Last, First, Middle Initial) B. Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 13 2015 City State Zip Code Transaction ID: 2015120493746-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 4583.26 Full Name (Last, First, Middle Initial) c. Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 11 2015 Suite 500, South Building City State Zip Code Transaction ID: 201512049382-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 208.33 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 4583.26 Other (specify) 541.66 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 8 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Chris Anderson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015120493746-1 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 federal political committee. Memo Item Name of Employer Occupation Associate-Clinical Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 229.24 Other (specify) Full Name (Last, First, Middle Initial) B. Chris Anderson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 30 2015 City State Zip Code Transaction ID: 201512049382-1 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Associate-Clinical Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 229,24 Full Name (Last, First, Middle Initial) c. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 13 2015 City State Zip Code Transaction ID: 2015120493746-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 208.33 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 4583.26 Other (specify) 229.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one)

| IT | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a |
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| | y information copied from such Reports and Sta for commercial purposes, other than using the | | | |
| \rangle | NAME OF COMMITTEE (In Full) Americas Health Insurance Plans | s PAC (A | AHIP PAC) | |
| Α. | Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | State DC C Occupation Executive V | Zip Code 20004 /ice President, Clinical Aff Year-to-Date ▼ 4583.26 | Date of Receipt 11 30 2015 Transaction ID: 201512049382-5 Amount of Each Receipt this Period 208.33 Memo Item |
| В. | Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | State DC C Occupation Regional Directors | | Date of Receipt 11 13 2015 Transaction ID: 2015120493746-6 Amount of Each Receipt this Period 41.67 Memo Item |
| C. | Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State DC C Occupation Regional Di | | Date of Receipt 11 30 2015 Transaction ID: 201512049382-6 Amount of Each Receipt this Period 41.67 Memo Item |
| | UBTOTAL of Receipts This Page (optional) | | | 291.67 |
| 1 | OTAL This Period (last page this line number of | nıv) | | |

FOR LINE NUMBER: PAGE 10 OF 40

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| NAME OF COMMITTEE (In Full) Americas Health Insurance Plan | ns PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) Kathleen Callanan Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | V. State Zip Code DC 20004 C Occupation Vice President Aggregate Year-to-Date ▼ | Date of Receipt 11 13 2015 Transaction ID: 2015120493746-7 Amount of Each Receipt this Period 83.33 Memo Item |
| Full Name (Last, First, Middle Initial) Kathleen Callanan Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | V. State Zip Code DC 20004 C Occupation Vice President Aggregate Year-to-Date ▼ | Date of Receipt 11 30 2015 Transaction ID: 201512049382-7 Amount of Each Receipt this Period 83.33 Memo Item |
| Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | N. State Zip Code DC 20004 C Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 1725.00 | Date of Receipt 11 13 2015 Transaction ID: 2015120493746-9 Amount of Each Receipt this Period 62.50 Memo Item |
| SUBTOTAL of Receipts This Page (optional) | ····· | 229.16 |
| TOTAL This Period (last page this line number | only) | |

FOR LINE NUMBER: (check only one) PAGE 11 OF Use separate schedule(s)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and Sta or for commercial purposes, other than using the i | | |
| NAME OF COMMITTEE (In Full) Americas Health Insurance Plans | s PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State Zip Code DC 20004 C Occupation Executive Director Product Policy Aggregate Year-to-Date 1725.00 | Date of Receipt 11 30 2015 Transaction ID: 201512049382-9 Amount of Each Receipt this Period 62.50 Memo Item |
| Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State Zip Code DC 20004 C Occupation Vice President, Marketing and Graphics Aggregate Year-to-Date ▼ 2441.74 | Date of Receipt 11 13 2015 Transaction ID: 2015120493746-10 Amount of Each Receipt this Period 104.17 Memo Item |
| Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State Zip Code DC 20004 C Occupation Vice President, Marketing and Graphics Aggregate Year-to-Date ▼ 2441.74 | Date of Receipt 11 30 2015 Transaction ID: 201512049382-10 Amount of Each Receipt this Period 104.17 Memo Item |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of | · · · · · · · · · · · · · · · · · · · | 270.84 |

| | FOR LINE NUMBER: PAGE 12 OF 4 | | | | | | | | 40 | | |
|---|-------------------------------|----|---------|----|-----|--|-----|--|----|--|----|
| Use separate schedule(s) for each category of the | | he | ck only | or | ne) | | | | | | |
| Detailed Summary Page | | X | 11a | | 11b | | 11c | | 12 | | |
| | | | 13 | | 14 | | 15 | | 16 | | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kirstin Dawson Date of Receipt Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015120493746-11 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Research Associate, Clinical Po Receipt For: Aggregate Year-to-Date ▼ Primary General 229.24 Other (specify) Full Name (Last, First, Middle Initial) B. Kirstin Dawson Date of Receipt Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building 11 30 2015 City State Zip Code Transaction ID: 201512049382-11 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Research Associate, Clinical Po Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 229,24 Full Name (Last, First, Middle Initial) c. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 13 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015120493746-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 62.50 federal political committee. Memo Item Name of Employer Occupation **Executive Director Insurance Education** America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) 83.34 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one)

| IT | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a |
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| | y information copied from such Reports and Sta for commercial purposes, other than using the | | | |
| \rangle | NAME OF COMMITTEE (In Full) Americas Health Insurance Plan | s PAC (A | AHIP PAC) | |
| A. | Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | State DC C Occupation Executive D | Zip Code 20004 Director Insurance Education Year-to-Date ▼ | Date of Receipt 11 30 2015 Transaction ID: 201512049382-12 Amount of Each Receipt this Period 62.50 Memo Item |
| в. | Full Name (Last, First, Middle Initial) Randolph Desonia Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | State DC C Occupation Director, Me | Zip Code 20004 edicaid Policy Year-to-Date ▼ 220.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| c. | Full Name (Last, First, Middle Initial) Randolph Desonia Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Other (specify) | State DC C Occupation Director, Me | Zip Code 20004 edicaid Policy Year-to-Date ▼ 220.00 | Date of Receipt 11 30 2015 Transaction ID: 201512049382-13 Amount of Each Receipt this Period 10.00 Memo Item |
| | UBTOTAL of Receipts This Page (optional) | | ····· | 82.50 |
| Т | OTAL This Period (last page this line number of | nlv) | _ | |

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one)

| IT | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | y information copied from such Reports and Sta for commercial purposes, other than using the r | | | |
| \rangle | NAME OF COMMITTEE (In Full) Americas Health Insurance Plans | s PAC (A | AHIP PAC) | |
| Α. | Full Name (Last, First, Middle Initial) Mary Beth Donahue Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | State DC C Occupation Executive V | Zip Code 20004 /P, Policy & Operations Year-to-Date ▼ 4583.26 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| В. | Full Name (Last, First, Middle Initial) Mary Beth Donahue Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | State DC C Occupation Executive V | Zip Code 20004 /P, Policy & Operations Year-to-Date ▼ 4583.26 | Date of Receipt 11 30 2015 Transaction ID: 201512049382-14 Amount of Each Receipt this Period 208.33 Memo Item |
| C. | Full Name (Last, First, Middle Initial) Paul Eiting Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State DC C Occupation Deputy Dire | | Date of Receipt 11 13 2015 Transaction ID : 2015120493746-16 Amount of Each Receipt this Period 41.67 Memo Item |
| | UBTOTAL of Receipts This Page (optional) | | ····· | 458.33 |
| T | OTAL This Period (last page this line number or | niv) | | |

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| [| EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | y information copied from such Reports and Sta for commercial purposes, other than using the n | | | |
| \rangle | NAME OF COMMITTEE (In Full) Americas Health Insurance Plans | s PAC (A | AHIP PAC) | |
| Δ. | America's Health Insurance Plans Receipt For: Primary General Other (specify) | State DC C Occupation Deputy Dire | | Date of Receipt 11 30 2015 Transaction ID: 201512049382-16 Amount of Each Receipt this Period 41.67 Memo Item |
| 3. | Americale Health Incurence Diana | State DC C Occupation Policy Analy | | Date of Receipt 11 13 2015 Transaction ID: 2015120493746-17 Amount of Each Receipt this Period 20.83 Memo Item |
| | Full Name (Last, First, Middle Initial) Kathryn Gallagher Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State DC C Occupation Policy Analy | | Date of Receipt 11 30 2015 Transaction ID: 201512049382-17 Amount of Each Receipt this Period 20.83 Memo Item |
| S | UBTOTAL of Receipts This Page (optional) | | ···· | 83.33 |
| т | OTAL This Period (last page this line number on | nlv) | | |

FOR LINE NUMBER: PAGE 16 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015120493746-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1016.74 Other (specify) Full Name (Last, First, Middle Initial) B. Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 30 2015 City State Zip Code Transaction ID: 201512049382-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1016.74 Full Name (Last, First, Middle Initial) c. Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 13 2015 City State Zip Code Transaction ID: 2015120493746-19 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 27.08 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 645.76 Other (specify) 110.42 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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| | FOR LINE NUMBER: PAGE 1 | 8 OF 40 |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015120493746-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2125.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 30 2015 City State Zip Code Transaction ID: 201512049382-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2125.00 Full Name (Last, First, Middle Initial) c. Wendy Henson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 13 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015120493746-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Deputy Director, Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 260.00 SUBTOTAL of Receipts This Page (optional).....

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| not be sold or used by any person for the purpose of soliciting contributions | | | | | | | | | | |

| or for commercial purposes, other than using the | atements may not be sold or used by any perso name and address of any political committee to | |
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| NAME OF COMMITTEE (In Full) | 7, | |
| Americas Health Insurance Plan | s PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) A. Wendy Henson | Date of Receipt | |
| Mailing Address 601 Pennsylvania Avenue N.W | | M M / D D / Y Y Y Y |
| Suite 500, South Building | 0) | 11 30 2015 |
| City Washington | State Zip Code DC 20004 | Transaction ID : 201512049382-22 |
| Washington | 20004 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer | Occupation | Memo Item |
| America's Health Insurance Plans | Deputy Director, Human Resources | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 320.00 | |
| | | |
| Full Name (Last, First, Middle Initial) 3. Joni Hong | | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue N.W | | M = M / D = D / Y = Y = Y |
| Suite 500, South Building City | State Zip Code | 11 13 2015 |
| Uity Washington | DC 20004 | Transaction ID: 2015120493746-23 |
| | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 31.25 |
| Name of Employer | Occupation | Memo Item |
| America's Health Insurance Plans | Senior Associate Counsel, Special Proj | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 687,50 | |
| Other (specify) ▼ | , 007.30 | |
| Full Name (Last, First, Middle Initial) Joni Hong | | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue N.W | '. | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Suite 500, South Building City | State Zip Code | 11 30 2015 Transaction ID : 201512049382-23 |
| Washington | DC 20004 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 31.25 |
| Name of Employer | Occupation | Memo Item |
| America's Health Insurance Plans | Senior Associate Counsel, Special Proj | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 687.50 | |
| SUBTOTAL of Receipts This Page (optional) | | 72.50 |
| TOTAL This Period (last page this line number of | nly) | |

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| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | | 17 |
| not be sold or used by any person for the purpose of soliciting contributions | | | | | | | | | | |

Any information copied from such Reports and Statements may not be sold or used b or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015120493746-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer Occupation Deputy Director, Client Learning Servi America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 916.74 Other (specify) Full Name (Last, First, Middle Initial) **B.** Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 11 2015 City State Zip Code Transaction ID: 201512049382-24 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 916,74

Full Name (Last, First, Middle Initial) c. Aryana Khalid Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 13 2015 City State Zip Code Transaction ID: 2015120493746-26 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 208.33 federal political committee. Memo Item Name of Employer Occupation AHIP **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 624.99 Other (specify)

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TOTAL This Period (last page this line number only).....

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| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | | |
| NAME OF COMMITTEE (In Full) Americas Health Insurance Plan | ns PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) Aryana Khalid Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer AHIP Receipt For: Primary General Other (specify) | V. State Zip Code DC 20004 C Occupation Executive Vice President Aggregate Year-to-Date ▼ 624.99 | Date of Receipt 11 30 2015 Transaction ID: 201512049382-26 Amount of Each Receipt this Period 208.33 Memo Item |
| Full Name (Last, First, Middle Initial) Clare Krusing Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | V. State Zip Code DC 20004 C Occupation Deputy Press Secretary Aggregate Year-to-Date ▼ 764.62 | Date of Receipt 11 13 2015 Transaction ID: 2015120493746-28 Amount of Each Receipt this Period 50.00 Memo Item |
| Full Name (Last, First, Middle Initial) Clare Krusing Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | N. State Zip Code DC 20004 C Occupation Deputy Press Secretary Aggregate Year-to-Date ▼ | Date of Receipt 11 30 2015 Transaction ID: 201512049382-28 Amount of Each Receipt this Period 50.00 Memo Item |
| SUBTOTAL of Receipts This Page (optional) | | 308.33 |
| TOTAL This Period (last page this line number | only) | |

FOR LINE NUMBER: PAGE 22 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015120493746-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1833.26 Other (specify) Full Name (Last, First, Middle Initial) B. Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 30 2015 City State Zip Code Transaction ID: 201512049382-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1833.26 Full Name (Last, First, Middle Initial) c. Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 13 2015 City State Zip Code Transaction ID: 2015120493746-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 83.33 federal political committee. Memo Item Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1833.26 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 City Zip Code State Transaction ID: 201512049382-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1833.26 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 13 2015 City State Zip Code Transaction ID: 2015120493746-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Director Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 4583.26 Full Name (Last, First, Middle Initial) c. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 11 2015 Suite 500, South Building City State Zip Code Transaction ID: 201512049382-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 208.33 federal political committee. Memo Item Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 4583.26 Other (specify) 499.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| | y information copied from such Reports and Sta for commercial purposes, other than using the | | | rson for the purpose of soliciting contributions |
| \rangle | NAME OF COMMITTEE (In Full) Americas Health Insurance Plan | s PAC (/ | AHIP PAC) | |
| Α. | Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | State DC C Occupation Program Ma | | Date of Receipt 11 13 2015 Transaction ID: 2015120493746-33 Amount of Each Receipt this Period 20.83 Memo Item |
| В. | Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | State DC C Occupation Program Ma | | Date of Receipt 11 30 2015 Transaction ID: 201512049382-33 Amount of Each Receipt this Period 20.83 Memo Item |
| C. | Full Name (Last, First, Middle Initial) Amber Manko Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State DC C Occupation Deputy Dire | Zip Code 20004 ector, Federal Affairs Year-to-Date ▼ | Date of Receipt 11 13 2015 Transaction ID: 2015120493746-34 Amount of Each Receipt this Period 41.67 Memo Item |
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| | | | | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| \ | OF COMMITTEE (In Full) icas Health Insurance Plan | s PAC (/ | AHIP PAC) | |
| A. Ambe Mailing / City Washing FEC ID federal p Name of America Receipt Pr Ot | number of contributing political committee. f Employer 's Health Insurance Plans For: imary General ther (specify) | State DC C Occupation Deputy Dire | Zip Code 20004 ector, Federal Affairs Year-to-Date ▼ | Date of Receipt 11 30 2015 Transaction ID: 201512049382-34 Amount of Each Receipt this Period 41.67 Memo Item |
| B. Debi Mailing / City Washing FEC ID federal p Name of Americal Receipt Pr | number of contributing colitical committee. f Employer 's Health Insurance Plans | State DC C Occupation Director of H | Zip Code 20004 Human Resources Year-to-Date ▼ 440.00 | Date of Receipt 11 13 2015 Transaction ID: 2015120493746-35 Amount of Each Receipt this Period 20.00 Memo Item |
| City Washin FEC ID federal p Name of America Receipt Pr | number of contributing political committee. f Employer 's Health Insurance Plans | State DC C Occupation Director of | Zip Code 20004 Human Resources Year-to-Date ▼ 440.00 | Date of Receipt 11 30 2015 Transaction ID: 201512049382-35 Amount of Each Receipt this Period 20.00 Memo Item |
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| NAME OF COMMITTEE (In Full) Americas Health Insurance Plans | s PAC (AHIP PAC) | |
| Receipt For: Primary General Other (specify) ▼ | State Zip Code DC 20004 C Occupation Vice President, IT Aggregate Year-to-Date ▼ | Date of Receipt 11 13 2015 Transaction ID: 2015120493746-37 Amount of Each Receipt this Period 10.50 Memo Item |
| Full Name (Last, First, Middle Initial) Anthony Meoni Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State Zip Code DC 20004 C Occupation Vice President, IT Aggregate Year-to-Date ▼ | Date of Receipt 11 30 2015 Transaction ID: 201512049382-37 Amount of Each Receipt this Period 10.50 Memo Item |
| Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State Zip Code DC 20004 C Occupation Executive Director Product Policy Aggregate Year-to-Date 440.00 | Date of Receipt 11 13 2015 Transaction ID: 2015120493746-38 Amount of Each Receipt this Period 20.00 Memo Item |
| SUBTOTAL of Receipts This Page (optional) | | 41.00 |
| TOTAL This Period (last page this line number or | nly) | |

FOR LINE NUMBER: PAGE 27 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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FOR LINE NUMBER: PAGE 28 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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| NAME OF COMMITTEE (In Full) Americas Health Insurance P | lans PAC (AHIP PAC) | | | | |
| Full Name (Last, First, Middle Initial) Martin Mitchell Jr. | | Date of Receipt | | | |
| Mailing Address 601 Pennsylvania Avenue Suite 500, South Building | | 11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| City Washington | State Zip Code DC 20004 | Transaction ID : 201512049382-42 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 20.83 | | | |
| Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | Occupation Director Product Policy Aggregate Year-to-Date ▼ | Memo Item | | | |
| Full Name (Last, First, Middle Initial) 3. Jay Perron | 300.20 | Date of Receipt | | | |
| Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington | N.W. State Zip Code DC 20004 | 11 13 2015 Transaction ID : 2015120493746-43 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | С | 83.33 | | | |
| Name of Employer America's Health Insurance Plans | Occupation Vice President | Memo Item | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1366.62 | | | | |
| Full Name (Last, First, Middle Initial) C. Jay Perron | l | Date of Receipt | | | |
| Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington | N.W. State Zip Code DC 20004 | 11 30 2015 Transaction ID : 201512049382-43 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 83.33 | | | |
| Name of Employer America's Health Insurance Plans | Occupation Vice President | - Memo Item | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1366.62 | | | | |
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| | y information copied from such Reports and Stator commercial purposes, other than using the | | | |
| \rangle | NAME OF COMMITTEE (In Full) Americas Health Insurance Plan | s PAC (/ | AHIP PAC) | |
| Α. | Full Name (Last, First, Middle Initial) Mark Pratt Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | State DC C Occupation Senior Vice | | Date of Receipt 11 13 2015 Transaction ID: 2015120493746-44 Amount of Each Receipt this Period 125.00 Memo Item |
| B. | Full Name (Last, First, Middle Initial) Mark Pratt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | State DC C Occupation Senior Vice | | Date of Receipt 11 30 2015 Transaction ID: 201512049382-44 Amount of Each Receipt this Period 125.00 Memo Item |
| C. | Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | State DC C Occupation Vice Presid | Zip Code 20004 lent, Membership Year-to-Date ▼ 458.26 | Date of Receipt 11 13 2015 Transaction ID: 2015120493746-45 Amount of Each Receipt this Period 20.83 Memo Item |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 270.83 |
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FOR LINE NUMBER: PAGE 31 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 City Zip Code State Transaction ID: 201512049382-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation Vice President, Membership America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 13 2015 City State Zip Code Transaction ID: 2015120493746-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 916,74 Full Name (Last, First, Middle Initial) c. Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 11 2015 City State Zip Code Transaction ID: 201512049382-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 41.67 federal political committee. Memo Item Name of Employer Occupation Senior Vice President, Professional Pr America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 916.74 Other (specify) 104.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 32 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 11 City Zip Code State Transaction ID: 2015120493746-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation **AHIP** Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) Full Name (Last, First, Middle Initial) B. Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 30 2015 City State Zip Code Transaction ID: 201512049382-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation **AHIP** Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 458.26 Full Name (Last, First, Middle Initial) c. Aaron Tucker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 13 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015120493746-49 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 10.42 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Legislative & Regulatory Analys Receipt For: Aggregate Year-to-Date ▼ Primary General 229.24 Other (specify) 52.08 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| An or | ly information copied from such Reports and State for commercial purposes, other than using the I | atements may not be sold or used by any person name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | | |
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| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | | |
| \rangle | Americas Health Insurance Plan | s PAC (AHIP PAC) | | | | |
| ١. | Full Name (Last, First, Middle Initial) Aaron Tucker | | Date of Receipt | | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | 11 30 _ 2015 _ | | | |
| | City | State Zip Code | Transaction ID : 201512049382-49 | | | |
| | Washington | DC 20004 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | 10.42 | | | |
| | Name of Employer | Occupation | Memo Item | | | |
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| | Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| | Primary General | 55 -g 15 - Zaio 7 | | | | |
| | Other (specify) ▼ | 229.24 | | | | |
| 3. | Full Name (Last, First, Middle Initial) Mark Van Koevering | | Date of Receipt | | | |
| | Mailing Address 601 Pennsylvania Avenue N.W. | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| | Suite 500, South Building City | State Zip Code | 11 13 2015 | | | |
| | Washington | DC 20004 | Transaction ID : 2015120493746-50 | | | |
| | | 20007 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | 83.33 Memo Item | | | |
| | Name of Employer | Occupation | | | | |
| | America's Health Insurance Plans | Executive Director | | | | |
| | Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | 1983.26 | | | | |
| >. | Full Name (Last, First, Middle Initial) Mark Van Koevering | | Date of Receipt | | | |
| | Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building | | 11 30 2015 | | | |
| | City | State Zip Code | Transaction ID: 201512049382-50 | | | |
| | Washington | DC 20004 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | 83.33 | | | |
| | Name of Employer | Occupation | Memo Item | | | |
| | America's Health Insurance Plans | Executive Director | | | | |
| | Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | 1983.26 | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | 177.08 | | | |
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FOR LINE NUMBER: PAGE 34 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kristi Wick Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015120493746-51 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation Digital Media Coordinator America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 483.26 Other (specify) Full Name (Last, First, Middle Initial) B. Kristi Wick Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 30 2015 City State Zip Code Transaction ID: 201512049382-51 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Digital Media Coordinator Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 483.26 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 41.66 SUBTOTAL of Receipts This Page (optional)..... 5628.46 TOTAL This Period (last page this line number only).....

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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | oonovoto ook = dula (a) | FOR LINE NUMBER: PAGE 35 OF 40 | | | | | |
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| Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Full Name (Last, First, Middle Initial) Express Scripts Inc. Political Fundalling Address 300 New Jersey Avenue | Plans PAC (AHIP | PAC) | person for the purpose of soliciting contributions e to solicit contributions from such committee. Date of Receipt | | | | | |
| Suite 600 | | | 11 03 2015 | | | | | |
| City | State Zip DC 200 | Code | Transaction ID: B11161FA87E44934A79 | | | | | |
| Washington | DC 200 | JU1 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C C00365072 | | 5000.00 | | | | | |
| Name of Employer | Occupation | | Memo Item Annual Contribution | | | | | |
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| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | (X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 36 OF 40 (check only one) 11a 11b 11c 12 13 14 X 15 16 17 |
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| | ng the name and ad | dress of any political committed | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) A. America's Health Insurance Plans Mailing Address 601 Pennsylvania Ave. N South Building, Suite 500 City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify) General Other (specify) | State DC C Occupation | Zip Code 20004 /ear-to-Date ▼ | Date of Receipt 11 18 2015 Transaction ID: CA95E651D74E4E3FA4FC Amount of Each Receipt this Period 723.25 Memo Item Offset to Operating Exp - 10/21/2015 |
| Full Name (Last, First, Middle Initial) B. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: | State C Occupation Aggregate Y | Zip Code Zear-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Memo Item |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General | State C Occupation Aggregate Y | Zip Code Zip Code ✓ | Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period Memo Item |
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| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | (check only 21b 27 | 22 | 23 24 25 26 28b 28c 29 30 |
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| NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F | • | | Solicit Contained | Note work oder committee. |
| Full Name (Last, First, Middle Initial) A. Bank of America | | | Date of Disk | ourcement |
| A. Bank of America Mailing Address P.O. Box 25118 | | | Man / | 09 2015 |
| | | | | 2010 |
| Tampa | State Zip Code FL 33622-5118 | | Transactio | on ID : BE9BBF5E5A872197335 |
| Purpose of Disbursement Bank Service Charge | | 001 | Amount of E | Each Disbursement this Period |
| Candidate Name | | Category/ | T | 24.00 |
| Office Sought: House Senate President Disburser | nent For: Primary General Other (specify) | Туре | Memo Ite | em |
| State: District: | | | | |
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| Purpose of Disbursement | | | Amount of F | Each Disbursement this Period |
| Candidate Name | | Category/ Type | | |
| | nent For: Primary General Other (specify) ▼ | Ni | Memo Ite | em |
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| C | | | Date of Disk | oursement |
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|---|--|------------------------|-------------------|---|
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| | | | | |
| - Ami Bera for Congress | | | | B (B) . |
| | | | | Date of Disbursement |
| Mailing Address PO Box 582496 | | | | 11 12 2015 |
| City Elk Grove | State CA | Zip Code 95758 | | Transaction ID : D298BBB499D89EDEEE |
| Purpose of Disbursement 2016 Primary | <u> </u> | 93736 | 011 | Assessment of Feeth Dielectronement this Deviced |
| Candidate Name | | | 011 | Amount of Each Disbursement this Period |
| Amerish B. Bera | | | Category/ Type | 2500.00 |
| Office Sought: House Disburser | ment For: Primary Other (sp | General | | Memo Item |
| State: CA District: 07 Full Name (Last, First, Middle Initial) | | | | |
| Friends of Roy Blunt | | | | Date of Disbursement |
| Mailing Address PO Box 10178 | | | | 11 12 2015 |
| Columbia | State MO | Zip Code 65205-4002 | | Transaction ID : CAB10479DFFD03E8A4 |
| Purpose of Disbursement 2016 Primary | | | 011 | Amount of Each Disbursement this Period |
| Candidate Name | | | Category/ | 2000.00 |
| Roy Dean Blunt Office Sought: House Disburser | mont [| | Type | 2000.00 |
| | ment For: Primary Other (sp | General | | Memo Item |
| Full Name (Last, First, Middle Initial) - Jason Smith for Congress | | | | Date of Disbursement |
| Mailing Address PO Box 1324 | | | | 11 30 2015 |
| City Cape Girardeau Purpose of Disbursement | State MO | Zip Code 63702-1324 | | Transaction ID: E74F9C236179208B6BE |
| 2016 Primary | | | 011 | Amount of Each Disbursement this Period |
| Candidate Name Jason Thomas Smith | | | Category/ Type | 2000.00 |
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| State. IVIO BISHIST. US | | | | |
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| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 39 OF 40 |
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| NAME OF COMMITTEE (In Full) | address of diffy politice | | communication and confidence. |
| Americas Health Insurance Plans F | PAC (AHIP PAC) | | |
| Full Name (Last, First, Middle Initial) | | | |
| A. Katko for Congress | | | Date of Disbursement |
| Mailing Address 228 S Washington St Ste 115 | | | 11 20 2015 |
| • | State Zip Code | | Transaction ID: 961AD78AB169F4005EE |
| Alexandria | VA 22314-5404 | | Transaction is . 301ABTOABTOST 4003EE |
| Purpose of Disbursement 2016 Primary | | 011 | Amount of Each Disbursement this Period |
| Candidate Name | ' | Category/ | 1000.00 |
| John Michael Katko Office Sought: | nent For: 2016 | Туре | |
| | Primary General Other (specify) ▼ | | Memo Item |
| State: NY District: 24 | | | |
| Full Name (Last, First, Middle Initial) | | | |
| 3. Kristi for Congress | | | Date of Disbursement |
| Mailing Address PO Box 852 | | | 11 12 2015 |
| • | State Zip Code SD 57101 | | Transaction ID : E4CD1DEFD919E754357 |
| Sioux Falls Purpose of Disbursement | SD 57101 | | |
| 2016 Primary | | 011 | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 4500.00 |
| Kristi Lynn Noem | | Туре | 1500.00 |
| | nent For: 2016 Primary General Other (specify) | | Memo Item |
| State: SD District: 01 | · · | | |
| Full Name (Last, First, Middle Initial) | | | |
| Majority Committee PACMc PAC | | | Date of Disbursement |
| Mailing Address PO Box 10134 | | | 11 10 7 2015 |
| City | State Zip Code | | |
| Bakersfield | CA 93389 | | Transaction ID: 54B9A21DF2FDC68D824 |
| Purpose of Disbursement 2015 Contribution | | 011 | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | Amount of Each Dispulsement this Fellou |
| Majority Committee PACMc PAC | | Type | 2500.00 |
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| President | Other (specify) ▼ | | |
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| NAME OF COMMITTEE (In Full) | | | | |
| Americas Health Insurance Plans F | PAC (AHIP PAC) | | | |
| Full Name (Last, First, Middle Initial) | | | 5 | |
| A. People for Derek Kilmer | | | Date of Disburser | |
| Mailing Address PO Box 1381 | | | 11 30 | 2015 |
| , | State Zip Code | | Transaction ID : | 09D2C1ACBC52668FC74 |
| | WA 98402 | | Transaction iD . | 09D2C1ACBC32000FC74 |
| Purpose of Disbursement 2016 Primary | | 011 | Amount of Each D | Disbursement this Period |
| Candidate Name | | Category/ | | 1500.00 |
| Derek Kilmer Office Sought: ✓ House Disbursen | nent For: 2016 | Туре | □ M !! | 7 |
| | Primary General | | Memo Item | |
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| State: WA District: 06 | | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| B. Trust PAC Team Republicans for U | Itilizing Sensible Ta | actics | Date of Disbursem | |
| Mailing Address 228 S. Washington Street Suite 115 | | | 11 19 | 2015 |
| | State Zip Code VA 22314 | | Transaction ID: | C76EACEC6B3A7D3FB8F |
| Alexandria Purpose of Disbursement | VA 22314 | | | |
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